

# **Mental Health**

The Surgeon General defines mental health as “a state of successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with adversity.”<sup>1</sup> The World Health Organization (WHO) reported in 2004 that “five out of the ten leading causes of death and premature disability in the world are psychiatric conditions.”<sup>2</sup> Children are especially vulnerable to mental illness - WHO also estimates that worldwide, one out of five adolescents has significant developmental, emotional, or behavioral problems. In the United States, the Surgeon General reported in 1999 that one out of five children (ages birth to 18) experiences symptoms of mental disorders, and approximately one out of twenty children experience symptoms so severe, it impairs their ability to function.<sup>1</sup>

### General Information

- Increasing the proportion of children with mental health problems who receive treatment is one of the **21 Critical Health Indicators** for adolescents and young adults. This is a developmental objective, meaning we currently lack the ability to measure this on a national level. The intent of a developmental objective is identify areas of emerging importance and to drive the development of data systems to measure them. **\*Critical Health Objective\***
- Survey Data:
  - Based on a 1999 study, about 7% of Washington youth (ages 12 to 17) or about 39,000 youth have symptoms of severe emotional and behavioral problems.<sup>3</sup>
  - In a 2001 survey of Washington households with children, approximately 28% of parents of children and youth with special health care needs reported the child needed mental health care in the past 12 months.<sup>4</sup>
  - In 2003, in a survey of parents, among Washington households with adolescents ages 12-17, 9% reported their child had an emotional, developmental, or behavioral problem for which [he/she] needed treatment or counseling.
  - In 2003, in about 7% of Washington households surveyed, parents of adolescents ages 12-17 reported they had a child who had been diagnosed by a physician or health care provider with a conduct or behavioral Disorder, about 9% had a child diagnosed with Attention Deficit Disorder or Attention Deficit Hyperactivity Disorder, and about 9% had a child who had been diagnosed with depression. In the same survey, less than 1% of parents of children ages 0-17 reported their child had been diagnosed with autism.<sup>5,6</sup>

<sup>1</sup> U.S. Department of Health and Human Services. *Mental Health: A Report of the Surgeon General—Executive Summary*. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, National Institutes of Health, National Institute of Mental Health, 1999

<sup>2</sup> Hosman C., Jane-Llopis E. & Saxena S., eds. *Prevention of Mental Disorders: Effective Interventions and Policy Options*, A report of the World Health Organization. Oxford, Oxford University Press. 2005

<sup>3</sup> Urban Institute (1999). 1999 Snapshots of American Families II, Children's Behavior and Well-Being. Retrieved October 20, 2004, from National Survey of America's Families: Snapshots II – Child Behavior Table I Web site: [http://www.urban.org/tables/child\\_behavior\\_1.htm](http://www.urban.org/tables/child_behavior_1.htm)

<sup>4</sup> 2001 National CSHCN Survey, Department of Health and Human Services, CDC, National Center for Health Statistics, Hyattsville, Maryland, April 28, 2003

<sup>5</sup> National Survey of Children's Health, 2003, Department of Health and Human Services, CDC, National Center for Health Statistics, Hyattsville, Maryland, April, 2005

<sup>6</sup> Numbers too small to present autism results for youth ages 12-17.

- Youth in Juvenile Rehabilitation: More than 60% of criminally delinquent youth (youth in residential care provided by the Juvenile Rehabilitation Administration (JRA))<sup>7</sup> meet criteria for inclusion in the JRA's mental health target population.<sup>8</sup> About one in four youth on probation in 2001 who were assessed using the Washington State Juvenile Court Pre-Screen Assessment had been diagnosed with a mental health problem.<sup>8</sup>
- Youth in Foster Care: A recent study on foster care alumni from Oregon and Washington found that a disproportionate number (54%) had mental health problems and one in four had experienced post traumatic stress disorder in the previous 12 months.<sup>9</sup>
- While hospitalizations only account for a small proportion of children and adolescents with mental health disorders, mental illness was the second leading cause of hospitalization among children in Washington State in 2001-2002. The statewide mental illness hospitalization rate for children 10-17 for 2001-2003 was 28.6 per 10,000.<sup>10</sup>
- Healthy Youth Survey Data:
  - In 2004, about 36% of Washington 8<sup>th</sup> graders, 30% of 10<sup>th</sup> graders, and 28% of 12<sup>th</sup> graders reported they felt good about themselves. Boys were more likely to report this than girls. About half of 8<sup>th</sup>, 10<sup>th</sup> and 12<sup>th</sup> graders reported they looked forward to the future.
  - In 2002, about 49% of Washington 10<sup>th</sup> graders reported they fairly or very often effectively coped with important changes in their lives. About 12% reported they never effectively coped with changes and boys were about twice as likely as girls to report this.

## ***Eating Disorders***

- Approximately 1 out of 100 adolescent girls in the United States develop anorexia nervosa and 2 to 5 out of every 100 adolescent girls develop bulimia.<sup>11</sup>
- The prevalence of eating disorders in males is much smaller than females but an estimated 19-30% of older adolescents with anorexia are male.<sup>11</sup>
- In 2004, among Washington students who are not overweight, about a third of the students in 8th, 10th and 12th grade said they were trying to lose weight (about half of the girls and 1-in-6 boys).<sup>12</sup>
- In 2004, about 1 in five girls and one in ten boys in 8th, 10th and 12th grade reported engaging in risky dieting behavior including fasting, using diet pills or powders without a doctor's prescription, vomiting or taking laxatives to lose weight in the past month.<sup>12</sup>

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<sup>7</sup> Juvenile criminals in Washington State are the responsibility of the Juvenile Rehabilitation Administration (JRA.) To be included in JRA's mental health target population one of three criteria must be met: suicidal ideation in the past 6 months, a DSM IV Axis I diagnosis or the use of psychotropic medication. Substance abuse, oppositional defiant disorder and conduct disorder are all excluded from the criteria.

<sup>8</sup> Governor's Juvenile Justice Advisory Committee (March, 2003) 2003 Juvenile Justice Report Summary retrieved October 21, 2003 from: <http://www.juvenilejustice.dshs.wa.gov/annualrpt.html>

<sup>9</sup> Pecora P et.al. Improving Family: Foster Care. Findings from the Northwest Foster Care Alumni Study. Available at [www.casey.org](http://www.casey.org)

<sup>10</sup> Comprehensive Hospital Abstract Reporting System (CHARS), Washington State Department of Health, 1990-2003.

<sup>11</sup> Eating Disorders during Adolescence: Nutritional Problems and Interventions, Jane Mitchell Rees, PhD, RD, CD University of Washington Maternal and Child Health Program <http://faculty.washington.edu/jrees>

<sup>12</sup> Washington Healthy Youth Survey 2004

***Services and Capacity***

- In a 2003 survey of Washington State households with children, about 27% of parents of Children with a Special Health Care Need (CSHCN) reported their child received mental health counseling in the last 12 months. About 39% of parents of CSHCN indicated their child had an emotional, behavior or developmental problem that required treatment.<sup>13</sup>
- In 2004, 5,073 students in Washington State received special education services for emotional/behavioral disabilities.<sup>14</sup>
- One third of the Medicaid population receiving mental health services in King County in 2003 were under age 18.<sup>15</sup>
- There are 91 Medicaid funded Children's Long Term In-patient Program (CLIP) adolescent/child psychiatric hospital beds for the entire State of Washington. The most severely psychiatrically disturbed children and youth are served in those programs, often after one or more hospitalizations in acute hospital settings. On average approximately 200-235 children are served in a CLIP program during a year's period.<sup>16</sup>
- Urban areas have three times as many psychiatrists per 100,000 people than rural areas. Urban areas also have one and a half times more mental health providers per 100,000 people (excluding psychiatrists) than less populated areas of Washington.<sup>17</sup>

<b>See Services Section on Mental Health Services.</b>
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<sup>13</sup> National Survey of Children's Health, 2003, Department of Health and Human Services, CDC, National Center for Health Statistics, Hyattsville, Maryland, April, 2005.

<sup>14</sup> Office of the Superintendent of Public Instruction (2003) December 2004 LRE and Child Count Data

<sup>15</sup> King County Regional Support Network (March 2004) 2003 Mental Health Plan Year End Report Card retrieved October 26, 2004 from: <http://www.metrokc.gov/dchs/mhd/reports/mh/MH%202003-4Q.pdf>

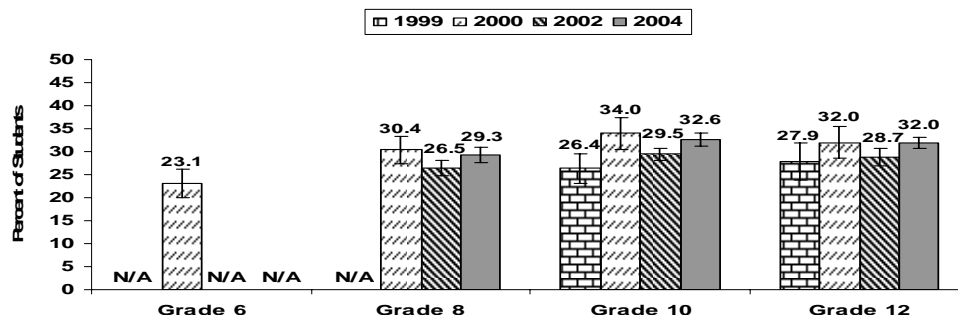
<sup>16</sup> Washington State - CLIP Administration website retrieved November 3, 2004 from: <http://www.clipadministration.org/northwestprograms.html>

<sup>17</sup> Baldwin et al (October, 2003) Modeling the mental health workforce in Washington State: using state licensing data to examine provider supply in rural and urban areas. WWAMI Center for Health Workforce Studies. Retrieved November 3, 2004 from: <http://www.fammed.washington.edu/chws/reports/CHWSwp80.pdf>

**Symptoms of Depression** \*Critical Health Objective\***Demographics:**

<b>Table 44. Felt so Sad or Hopeless in Past Year Stopped Doing Some Usual Activities</b>	
	<b>WA % (95% CI)</b>
<b>Grade (p=0.004)</b>	
Grade 8	<b>29.4</b> (27.7,31.1)
Grade 10	<b>32.6</b> (31.2,34.0)
Grade 12	<b>32.0</b> (30.8,33.3)
<b>Gender (10<sup>th</sup> grade) (p&lt;0.001)</b>	
Male	<b>24.0</b> (22.5,25.4)
Female	<b>40.1</b> (38.2,41.9)
<b>Race/ Ethnicity (10<sup>th</sup> grade) (p&lt;0.001)</b>	
White	<b>31.0</b> (29.4,32.7)
Black	<b>31.3</b> (25.2,38.0)
American Indian /AN	<b>41.2</b> (33.9,48.9)
Asian	<b>29.2</b> (23.9,35.2)
Hispanic	<b>39.1</b> (35.0,42.4)
Hawaiian/ Pacific Islander	<b>40.7</b> (32.6,49.3)
Other	<b>37.1</b> (31.3,43.2)
More than One Race	<b>36.5</b> (31.7,41.6)
<b>Disability (10<sup>th</sup> grade) (p&lt;0.001) *</b>	
Disability	<b>51.7</b> (48.7,54.8)
No disability	<b>24.9</b> (23.2,26.7)
<b>Rural Urban Residence (10<sup>th</sup> grade) (p=0.8)</b>	
Urban Core	<b>32.5</b> (30.7,34.2)
Urban Rural Fringe	<b>31.6</b> (28.3,35.1)
Large Town	<b>33.7</b> (27.7,40.4)
Small Town / Isolated Rural	<b>34.1</b> (30.5,38.0)

Source: Washington Healthy Youth Survey 2004

**Trend Data****Figure 35. Experience of Depressive Feelings, WA Youth Surveys<sup>18</sup>**

<sup>18</sup> Percentages represent students who reported having in the past 12 months felt so sad and hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities. Source: Washington State Office of Superintendent of Public Instruction, Department of Health, Department of Social and Health Services, and Department of Community, Trade, and Economic Development and RMC Research Corporation. Washington State Healthy Youth Survey 2004: Analytic Report

**Background:**

- Reducing the proportion of children and adolescents with disabilities who are reported to be sad, unhappy, or depressed is one of the **21 National Critical Health Objectives** for adolescents. The 2010 Healthy People target is to reduce the proportion of children and adolescents with disabilities who are reported to be sad, unhappy, or depressed to no more than 17%.
- In 2004, about three-fourths of 6<sup>th</sup>, 8<sup>th</sup>, 10<sup>th</sup>, and 12<sup>th</sup> graders reported that when they are sad or hopeless there is someone they can turn to. For 6<sup>th</sup>, 8<sup>th</sup>, and 12<sup>th</sup> graders, females are significantly more likely to report they have someone to turn to than males. About 9% of boys and girls in all grades report they have no one to turn to when they are sad.<sup>19</sup>

**WA Prevalence:** In 2004, almost one-third of 8<sup>th</sup>, 10<sup>th</sup> and 12<sup>th</sup> graders reported they felt so sad or hopeless for 2 plus weeks in a row in the past 12 months that they stopped doing some usual activities.

**U.S. Prevalence:** In 2003, about 30% of 10<sup>th</sup> graders nationally reported they felt so sad or hopeless almost every day for 2 plus weeks in a row that they stopped doing usual activities.

**Trends:** There was an increase from 2002 to 2004 of students reporting feelings of depression, but the 2004 results are consistent with the 2000 survey results.

**Disparities:**

- **Grade:** In 2004, reports of depressive feelings were lowest for 8th grade respondents ( $p=0.004$ ) (Table 44).
- **Gender:** 10<sup>th</sup> grade females were significantly more likely than males to report symptoms of depression ( $p<0.001$ ) (Table 44).
- **Race/ Ethnicity:** There were significant differences in symptoms of depression in the past year by race/ethnicity ( $p < 0.001$ ) (Table 44). See technical notes on p values and confidence intervals for further use of the data in Table 44.
- **Disability:** 10<sup>th</sup> grade youth with disabilities were significantly more likely than youth without disabilities to report symptoms of depression ( $p<0.001$ ) (Table 44).

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<sup>19</sup> These data are from the Washington State Healthy Youth Survey 2004 and is based on the question: "When you feel sad or hopeless, are there people you can turn to for help? We excluded youth who checked the response option: "I never feel sad or hopeless" (15% of 6th graders, 22% of 10th graders, 20% of 10th graders, and 17% of 12th graders).

## Suicide Attempts

### Demographics:

**Table 45. Attempted Suicide in Past Year (WA HYS 2004, unless otherwise noted)**

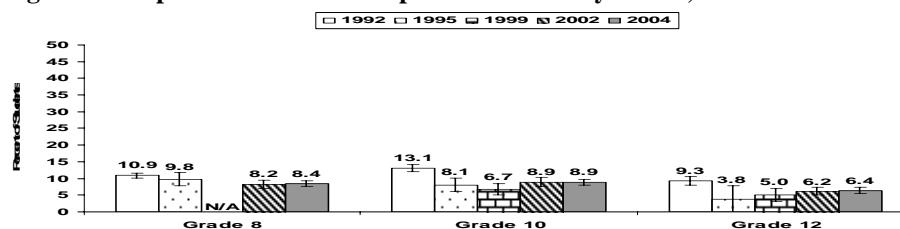
	WA % (95% CI)
<b>Grade (p&lt;0.002)</b>	
Grade 8	8.4 (7.6,9.3)
Grade 10	8.9 (8.1,9.7)
Grade 12	6.4 (5.5,7.5)
<b>Gender (10<sup>th</sup> grade) (p&lt;0.001)</b>	
Male	4.9 (3.9,6.0)
Female	12.3 (11.0,13.7)
<b>Race/ Ethnicity (10<sup>th</sup> grade) (p=0.02)</b>	
White	8.2 (7.2,9.3)
Black	11.3 (6.5,18.7)
American Indian /AN	*
Asian	*
Hispanic	9.6 (6.7,13.4)
Hawaiian/ Pacific Islander	*
Other	12.6 (8.3,18.7)
More than One Race	12.1 (8.5,17.1)
<b>Disability (10<sup>th</sup> grade) (p&lt;0.001)</b>	
Disability	19.6 (17.1,22.4)
No disability	5.5 (4.7,6.4)
<b>Rural Urban Residence (10<sup>th</sup> grade) (p=0.01)</b>	
Urban Core	8.3 (7.4,9.3)
Urban Rural Fringe	8.6 (7.4,10.0)
Large Town	11.1 (8.6,14.2)
Small Town / Isolated Rural	12.0 (9.3,15.4)

\*Numbers too small to report results

Source: Washington Healthy Youth Survey 2004

### Trends

**Figure 36. Reported Suicide Attempt in Past Year By Grade, WA students<sup>20</sup>**



<sup>20</sup> Washington State Office of Superintendent of Public Instruction, Department of Health, Department of Social and Health Services, and Department of Community, Trade, and Economic Development and RMC Research Corporation. Washington State Healthy Youth Survey 2004: Analytic Report

**Background:**

- The **Healthy People 2010 objective** for adolescent suicide attempts is to reduce attempts to no more than 1.0 percent.
- More information on suicides is available in the Injury Section of the Adolescent Needs Assessment.

<b>Table 46: Suicide-Related Behaviors</b>			
	<b>Grade 8</b>	<b>Grade 10</b>	<b>Grade 12</b>
Seriously Considered Attempting Suicide in Past Year (p<0.001)	<b>13.7</b> (12.8,14.6)	<b>17.8</b> (16.5,19.2)	<b>13.6</b> (12.2,15.1)
Made a Suicide Plan (p<0.003)	<b>11.3</b> (10.5,12.3)	<b>13.7</b> (12.6,14.9)	<b>10.7</b> (9.2,12.5)
Suicide Attempt in Past Year Requiring Medical Assistance (p<0.003) <b>*Critical Health Objective*</b>	<b>2.7</b> (2.1-3.3)	<b>3.1</b> (2.5-3.7)	<b>3.1</b> (2.3-3.9)

*Source: Washington Healthy Youth Survey 2004*

**WA Prevalence:** In 2004, 8.9% of Washington 10<sup>th</sup> graders reported they attempted suicide in the past year.

**U.S. Prevalence:** In 2003, 9.1% of 10<sup>th</sup> graders attempted suicide in the past year.

**Trends:** Since 1995, the percent of Washington students who reported they attempted suicide in the 10<sup>th</sup> grade past 12 months has remained essentially unchanged.

**Disparities:**

- **Grade:** In 2004, reported suicide attempts in the past year were highest for 10<sup>th</sup> grade respondents (p<0.002) (Table 45).
- **Gender:** 10<sup>th</sup> grade females were significantly more likely than males to attempt suicide (p<0.001) (Table 45).
- **Race/ Ethnicity:** There were significant differences in feelings of depression in the past year by race/ethnicity (p<0.02) (Table 45). See technical notes on p values and confidence intervals for further use of the data in Table 45.
- **Disability:** 10<sup>th</sup> grade youth with disabilities were significantly more likely than youth without disabilities to have attempted suicide in the past year (p<0.001) (Table 1).
- **Rural-Urban Residence:** Youth in rural areas of the state are more likely to report a suicide attempt than youth in more urban areas (p<0.01) (Table 45). See technical notes on p values and confidence intervals for further use of the data in Table 45.

**See Injury section for more information on suicide.  
See Services Section on Mental Health Services.**